

Ask to pay your drug costs in monthly installments

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January to December).

It's part of the new prescription drug law, so all Medicare plans with drug coverage offer it to members at no cost starting January 1, 2025.

Important: While it may help you manage your expenses, this payment option does not save you money or lower your drug costs.

No matter what, you'll pay the same total amount over the course of the year — it just changes when and how you pay. To learn about ways to lower your drug costs, text **MEDSAVER** to **866-85** or call **1-800-DEVOTED**.

In 2025, all Medicare plans with drug coverage have a \$2,000 Part D out-of-pocket maximum. So, no matter what you choose, you won't pay more than \$2,000 for Part D drugs in 2025.

Will this payment option help me?

It depends on your specific situation. If you usually pay a lot more out-of-pocket for your drugs early in the year, it may help you spread your costs more evenly. But it may **not** make sense if:

- Your yearly drug costs are low
- Your drug costs are the same each month
- You don't want to change how you pay for your drugs
- You're thinking about signing up late in the calendar year (after September)
- You get help paying for your prescription drugs through programs like Extra Help from Medicare, a State Pharmaceutical Assistance Program (SPAP), or a coupon program

If you need help deciding, you can:

- Read the rest of this packet for more details about how this payment option works
- Answer a few questions at [Medicare.gov/prescription-payment-plan/will-this-help-me](https://www.Medicare.gov/prescription-payment-plan/will-this-help-me)
- Call Devoted Health at 1-800-DEVOTED (TTY 711) for more information
- Visit [shiphelp.org](https://www.shiphelp.org) to get free, personalized health insurance counseling

How do I join?

Text RXPLAN to 866-85, sign up online at my.devoted.com/prescription-payment-plan, use the form in this package, or call 1-800-DEVOTED and ask to join.

How does it work?

If you enroll in the Medicare Prescription Payment Plan:

- 1. You pay \$0 to the pharmacy when you fill your prescriptions.** This includes all your Part D drugs from any pharmacy (including retail, mail-order, and specialty pharmacies). It doesn't include Part B, supplemental, or over-the-counter drugs.
- 2. Devoted Health sends you a bill each month that spreads out your out-of-pocket drug costs over the calendar year (January to December).** If you also pay a plan premium or Late Enrollment Penalty (LEP), you'll get a separate bill for your drugs. It's important to pay both bills.

Keep in mind:

- **Even though you won't pay at the pharmacy, you're still responsible for the cost of your drugs.** To find out what your drug's total cost share will be before you take it home, call Devoted Health or ask your pharmacist.
- **Your bill may change from month to month — sometimes by a lot.** As you fill more prescriptions over the year, your payment may increase. This happens because there aren't as many months left to spread out the new costs. See the next page for examples.
- **If you don't pay your bill for longer than 2 months, we'll remove you from the Medicare Prescription Payment Plan.** You'll still be a member of your Devoted Health plan, but you'll go back to paying out-of-pocket each time you fill a prescription. You'll still owe the unpaid amount to Devoted Health, and you won't be able to join the program with Devoted Health again until you pay it.
- **You can choose to join or leave the Medicare Prescription Payment Plan at any time.** Sign up online at my.devoted.com/prescription-payment-plan, use the form on the next page, or call 1-800-DEVOTED and ask to join. To leave, just call and let us know when you'd like to leave.

Questions?

Text us at **866-85** or call us at **1-800-DEVOTED** (1-800-338-6833 TTY 711). We're here 8am to 8pm, Monday to Friday (from October 1 to March 31, 8am to 8pm, 7 days a week).

You can also visit [Medicare.gov/prescription-payment-plan](https://www.Medicare.gov/prescription-payment-plan) or call 1-800-MEDICARE (1-800-633-4227, TTY 1-877-486-2048), 24 hours a day, 7 days a week.

How do you calculate my payments?

All plans use the same formula from Medicare to calculate your monthly payments. It's based on your drug costs for that month, what you owe from past months, and how many months are left in the year.

For your first month using this payment option, you'll pay whichever of these is **less**:

Your first month “maximum possible payment” calculation: Your Part D out-of-pocket maximum – Any out-of-pocket Part D costs you already paid this year ÷ How many months are left in the year <hr/> = Your first month maximum possible payment	OR	What you would have otherwise paid out-of-pocket for covered Part D drugs for that month
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For each month after that, you'll pay:

Your monthly payment calculation: Any balance that's left from past months + What you would have paid out-of-pocket for the current month ÷ How many months are left in the year <hr/> = Your payment for that month
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Here's an example. Devoted member Alex usually takes just one drug with a \$0 copay. He joins this payment option in May, when he fills a few one-time prescriptions with a total cost share of **\$950**.

Here's how we find his “maximum possible payment” (the most he could pay) for his first month:

His Part D out-of-pocket maximum	\$2,000
– Minus any Part D costs he already paid this year	- \$0
÷ Divided by the number of months left in the year	8
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= Equals his maximum possible payment for May	\$250

\$250 is less than \$950 — so Alex pays \$250 in May.

In June, Alex just fills his one usual \$0 drug. Here's how we calculate his monthly payment:

Any balance that's left from past months (\$950 minus \$250)	\$700
+ Plus what he would have paid out-of-pocket for June	+ \$0
÷ Divided by the number of months left in the year	7
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= Equals his payment for June	\$100

The calculations can get complicated — just remember that in a calendar year (January to December), you'll **never** pay more than:

- The amount you would've paid out-of-pocket for your drugs without this payment option
- Medicare's yearly Part D out-of-pocket maximum (in 2025, that's \$2,000)

Medicare Prescription Payment Plan examples

Here are some example members and their drug costs with and without this payment option. **These are just examples.** Cost sharing varies by plan. See your plan documents for details.

Sofia



Sofia takes several drugs with very high out-of-pocket costs. She knows she'll likely reach her \$2,000 maximum out-of-pocket amount by April, so she sends her request to join the Medicare Prescription Payment Plan before the plan year starts.

The Medicare Prescription Payment Plan is a good fit for Sofia. Without it, she'd have very high costs early in the year. With it, she can spread her costs more evenly over the year.

Sofia's drug costs*	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Pay as usual	\$500	\$500	\$500	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,000
Pay over time	\$167	\$76	\$126	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$181	\$2,000

Leon



Leon takes several drugs with fixed copays totaling \$100 per month. He pays \$100 per month all year long.

The Medicare Prescription Payment Plan is not a good fit for Leon. He thinks it's simpler to just pay at the pharmacy. Plus, joining this payment option would actually make his drug costs less predictable.

Leon's drug costs*	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Pay as usual	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$1,200
Pay over time	\$100	\$9	\$19	\$30	\$43	\$57	\$74	\$94	\$119	\$152	\$202	\$302	\$1,200

Alex



Alex usually takes just one drug with a \$0 copay. In May, he needed some new one-time prescriptions that had a total cost share of \$950 — so he joined the Medicare Prescription Payment Plan.

The Medicare Prescription Payment Plan wasn't a good fit for Alex at first, but that changed. When he had those unexpected high costs in May, this payment option helped spread his payments more evenly over the rest of the year.

Alex's drug costs*	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Pay as usual	\$0	\$0	\$0	\$0	\$950	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$950
Pay over time (May to December)	\$0	\$0	\$0	\$0	\$250	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$950

Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is an optional program that's not right for everyone. See the previous page for more information about this payment option and how to know if it's right for you. *Complete all fields unless marked optional.*

You can also enroll in this payment option:

- Online: my.devoted.com/prescription-payment-plan
- By phone: **1-800-338-6833** TTY 711

First name (please print):	Last name (please print):	Your Medicare beneficiary number:
Your birthdate (month/day/year):	Your phone number:	Your Devoted Member ID (optional): D
Your permanent residence address (don't enter a PO Box unless you're experiencing homelessness):		

Your mailing address, if different from your permanent address (can be a PO Box):

READ AND SIGN BELOW

- **I understand this form is a request to participate in the Medicare Prescription Payment Plan.**
Devoted Health will contact me if they need more information.
- **I understand that signing this form means that I've read and understand the form** and the attached terms and conditions.
- **Devoted Health will send me a notice in the mail to let me know when my participation is active.**
They may also tell me by phone. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature (yours or your legal representative's):	Your relationship to the member:
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If you're completing the form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Devoted Health or Medicare asks for it.

Your name (please print):	Your relationship to the member:
Your address (Street, City, State, Zip code):	Your phone number:

Please send your completed form to:

Mail

Devoted Health – Medicare Prescription Payment Plan
PO Box 211127
Eagan, MN 55121

Medicare Prescription Payment Plan Terms and Conditions

The Medicare Prescription Payment Plan is open to any Devoted Health member with Part D prescription drug coverage, starting January 1, 2025. Note: Members with an unpaid balance from past participation in MPPP are not eligible to join or rejoin MPPP until any outstanding balance is paid.

Only drugs covered under Part D (as described in your Evidence of Coverage) are eligible for this payment option. Part B drugs, supplemental drugs, and other drugs not included in your Part D coverage are **not** eligible.

The request form on the previous page has instructions on how to enroll in this payment option. Once we get your request, we'll process it within 10 days (if you enroll before your plan's effective date) or within 24 hours (if you enroll on or after your plan's effective date). If you think waiting the usual time frame might harm your health, you can ask for retroactive (backdated) enrollment. Visit devoted.com/prescription-drugs/prescription-payment-plan or call us for details.

We calculate your monthly bill using the formula that Medicare requires. See *How do you calculate my payments?* on page 3 of this package for details.

If you think we've made a mistake with the amount you owe, call us at **1-800-338-6833** TTY 711.

You'll need to pay your Medicare Prescription Payment Plan bill each month, online or by mail. If we also bill you for a plan premium or Late Enrollment Penalty (LEP), you'll need to pay your prescription drug bill separately. We never charge any late payment fees or interest on overdue payments.

If you don't pay your Medicare Prescription Payment Plan bill, we'll send a reminder with a final due date based on the 2-month grace period. If you don't pay by that date, we'll remove you from the program. You'll still owe the unpaid amount and we may pursue collection efforts. You'll still be a member of your Devoted Health plan. Note: If you had a good reason for not paying your bill on time, like a serious illness or natural disaster, you can call us and ask to restart your MPPP retroactively (backdated). This is called a request for good cause reinstatement.

If you'd like to leave the Medicare Prescription Payment Plan, call **1-800-338-6833** TTY 711 and let us know. If you owe a balance, you still need to pay it even if you're not using this payment option anymore. You can choose to pay it all at once or get a monthly bill for the rest of the year. We may pursue collection efforts for overdue unpaid balances.

If you leave Devoted Health or switch plans, your Medicare Prescription Payment Plan participation will end on your effective date of disenrollment from your Devoted Health plan. You'll still owe any unpaid balance. If you'd like to re-join the Medicare Prescription Payment Plan with your new plan, you'll need to make a new request with your new plan.

If you have a dispute or concern related to your participation in the Medicare Prescription Payment Plan, follow the grievance (complaint) process in your Evidence of Coverage.

With or without notice, we may make changes or updates to this payment option and your participation in it to ensure we comply with the federal laws and CMS regulations that govern this program.

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

To file a complaint with Devoted Health, call us at 1-800-338-6833 (TTY 711). To file a complaint with Medicare, call 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include their name when you file your complaint. Y0142_25M46_C